

ENTRY BLANK

PLEASE TYPE OR PRINT

Entered previous May Show

☒ yes ☐ no

☐ Ms.

☒ Mr. Artist PAUL MAGUIRE

(Last Name Last)

Permanent Address 3002 CLINTON AVE. CLEVELAND

Street City

44113 Tel. (216) 621-0553

Zip Area Code

Temporary or Studio Address

Street City

Tel. (216) 441-5244

Zip Area Code

If you do not presently live in one of the counties of the Western Reserve, which county were you born in? _____

Collaborator _____

(If Any)

If May Show entries are not accepted or not sold:

☒ Artist will pick up at Museum.

☐ Museum should dispose of.

☐ Museum should ship to artist C.O.D. at this address:

Special Instructions

When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until July 17, 1983.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature Paul Maguire

DO NOT DETACH

DO NOT DETACH

ENTRY BLANKS

1

- ☐ 1. Paintings ☐ 2. Graphics ☐ 3. Photography
☒ 4. Sculpture ☐ 5. Crafts

Materials

NYLON FABRIC, STEEL

Title

NOT TITLED

Sold

Price or NFS

\$ 800.00

Insurance Value
if NFS Only

Size

1' x 4' x 5'

GRAPHICS AND PHOTOGRAPHY ONLY

Additional No.
For Sale

Total No. in Edition

Price
Unframed

Price of
Frame

ACCEPTED

X

REJECTED

DO NOT WRITE IN THIS SECTION

31 (4)

ACCEPTED

X

REJECTED

2

- ☐ 1. Paintings ☐ 2. Graphics ☐ 3. Photography
☐ 4. Sculpture ☐ 5. Crafts

Materials

Title

Price or NFS

Insurance Value
If NFS Only

Size

GRAPHICS AND PHOTOGRAPHY ONLY

Additional No.
For Sale

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Unframed

Price of
Frame

ACCEPTED

DO NOT WRITE IN
THIS SECTION

ACCEPTED

RECEIVED

REJECTED

REJECTED

DATE

DETACH